

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38993**

FILED NOV 12 1957

BIRTH NO. _____ REG. DIST. NO. **372** PRIMARY REG. DIST. NO. **4543** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seymour		c. LENGTH OF STAY (in this place) OR TOWN 10 Yrs	c. CITY OR TOWN Seymour 1120 0
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Kanel addition		e. STREET ADDRESS (If rural, give location) Kanel addition	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Bell c. (Last) Johnston			4. DATE OF DEATH (Month) (Day) (Year) Nov-1-1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March-9-1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 7 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and State or Foreign Country) Webster Co Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas J. Robertson	13b. MOTHER'S MAIDEN NAME Cynthia Eslinger	14. NAME OF HUSBAND OR WIFE Calvin Johnston (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Mrs Joe Koskovich ADDRESS Seymour Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Exsanguination		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spontaneous Hemorrhage into Voluntary Canal DUE TO (c) Primary Pressure of Stomach		? ?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 151X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1, 1957**, to **10/1, 1957**, that I last saw the deceased alive on **10/1, 1957**, and that death occurred at **8:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. R. Kille (Degree or title)	23b. ADDRESS Seymour	23c. DATE SIGNED 10/2/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-3-1957	24c. NAME OF CEMETERY OR CREMATORY Masonic
		24d. LOCATION (City, town, or county) (State) Seymour, Missouri

DATE REC'D BY LOCAL REG. 11-4-1957	REGISTRAR'S SIGNATURE Gilbert Jones	25. FUNERAL DIRECTOR'S SIGNATURE Amber Lane Seymour, MO ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3430

X

1957 - I - 100

A.B.T

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by; Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Wm G. Farrell*

Licensed Embalmer No. *4847*

P. O. Address *Mansfield, N.H.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.